Notice of Price Agreement Award

Award Number

68M00291820

JENNIFER MALONEY

131 STONY ACRE DR

CRANSTON RI 02920

ADMINISTRATION

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS **CAPITOL HILL PROVIDENCE RI 02908**

Date: 12/05/2003

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INTERPRETER - SIGN LANGUAGE

Effective Period:

9/1/03 - 6/30/04

STATE PURCHASING AGENT/DESIGNEE

ADMINISTRATION

MASTER PRICE AGREEMENT RELEASE AGAINST RI MPA	Buyer: HELEN CHRISTY Shipping: Terms:		ASTER PRICE A ELEASE AGAINS	
Departn	nent		Bid Number	Requisition Number
ADMINIST	RATION	MPA-901		
Item		_	Unit	Unit Price
Island Commission on the Deaf contacting the Commission at contacting the Commission on the Deaf Commission	ces are governed by policies established and Hard of Hearing, copies which madhh@cdhh.ri.gov or by faxing requests ust be cancelled at least two business omer for the number of hours reserved a cancelled two weeks prior to the reserved weeks' compensation for the reserved then an engagement exceeds two hours hours, if there are extenuating circums	ay be obtained by a to (401)222-5736. days in advance or Reservations for ervation period or period. s a relief interpreter		
charge no more than the hourly Discounted rates shall be at the	n level and are related to skill level. Into rate set forth herein but may offer disc e discretion of the interpreter. Discount ment and shall be reflected in the custo FER SERVICES	counted rates. s shall be	HR	38.00

This Notice of Award/Purchase Order is issued in accordance with the specific requirements described herein and the State's Purchasing Regulations and General Conditions of Purchase, copies of which are available at www.purchasing.state.ri.us. Delivery of goods or services as

described herein shall be deemed acceptance of these requirements.

STATE OF RHODE ISLAND INVOICE

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Invoice Number:		Invoice Date:	
PO Number/Release:	68M0029182C	PO Date:	12/05/2003
Department:		ORS Auth #:	
Location:			
		ORS Client Name:	
Vendor:	JENNIFER MALONEY		_
	131 STONY ACRE DR		
	CRANSTON RI 02920		

Item	Description	QTY	Rate/HR	Discount	Total
1.0	SIGN LANGUAGE INTERPRETER SERVICES (MINIMUM TWO HOURS)		\$38.00		

Minimum two hour charge.	Total Billed:		
ASSIGNMENT INFORMATION			
Date:			
Time: Begin End			
Address:			
	Ve	endor Signature	